PH000014557

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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: VENEZUELAN GOURMET FOOD, INC. DOCUMENT NUMBER: P14000014557						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
IRIBARREN XIMENA Name of Contact Person VENEZUELAN GONRMET FOOD, INC. Firm/Company 10702 NW 77th St. Address MEDLEY, FL. 33178 City/ State and Zip Code Xiribarren 1 @ GMAL. Com. E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
XIMENA TRIBARREN at 786, 45 7134						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)						

Street Address

Clifton Building

Amendment Section

Division of Corporations

Mailing Address

Amendment Section

Division of Corporations P.O. Box 6327

Articles of Amendment

to
Articles of Incorporation

1	of	oration	
JENE ZUELAN C	DURMET!	T 1007	
		ed with the Florida Dept. of	State)
PIHM	001455		 ,
(Doc	ument Number of Cor	· · · · · · · · · · · · · · · · · · ·	
		•	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flori</i>	da Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the	corporation:		
\sim 1	A		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co".	A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicab	ole:	\sim \sim /A	
(Principal office address <u>MUST BE A STREET AI</u>	<u>DDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address i	n Florida, enter the name of	ZIII JUL 15 PH 6
Name of New Registered Agent	\mathcal{N}/A		
			10 4
	(Florida street aa	(dress)	
New Registered Office Address:		Ele	
New Registered Office Address.	(City)		orida (Zip Code)
New Registered Agent's Signature, if changing Relatively accept the appointment as registered agent.	egistered Agent: . I am familiar with a	and accept the obligations of t	the position.
Six	gnature of New Regist	ered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\mathcal{L}	JUVENAL OJEDA MAITA	to TOFOZNW 77th St
X Add		5	MEDLEY, FL 33178
Remove			
2) Change			
Add			
Remove			
3)Change			····
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	\mathcal{N}/\mathcal{A}
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	/
,	\mathcal{N}/A
	

The date of each amendment(s) adoption:	, if other than the
·	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date	<u></u>
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the ar by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	ing statement ent(s):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	
Dated $07/01/2019$.	
Signature //	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiductary by that fiduciary)	e not been other court
XIMENA IRIBARREN	J
(Typed or printed name of person signing)	
\mathcal{D}	4
PRESIDENT REGISTER A	IGENI.
(Title of person signing)	